



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR AHMED KHALIFA
1415 SOUTH HWY 6 SUITE 400D
SUGARLAND TX 77478

Respondent Name

AMERICAN HOME ASSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-1749-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Fee Guideline"

Amount in Dispute: \$138.41

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "No additional payments are due. Surgery was performed by Dr. Khalifa on 11/23/10 for Radio-frequency facet neurectomy with destruction of nerves in the cervical region. A charge was made for a visit on the same day as a surgical procedure, or within the 10 day follow up of a previously performed surgery."

Response Submitted by: American Home Assurance Co., Pappas & Suchma, PC., P.O. Box 66655, Austin, TX 78766

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 2, 2010	Office Visit – CPT Code 99214	\$138.41	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203 titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated December 22, 2010
 - 59-Processed based on multiple or concurrent procedure rules.
 - BL-To avoid duplicate bill denial, for all recon/adjustments/additional pymnt requests, submit a copy of this EOR or clear notation that a rec.

Issues

1. Does the Medicare policy on post-operative global fee periods apply to the service in dispute?
2. Did the respondent support position that the disputed office visit was performed within the post-operative global fee period of the surgical procedure performed on November 23, 2010?
3. Did the requestor sufficiently support that the service in dispute is unrelated to the surgery and therefore payable?
4. Is the requestor entitled to reimbursement?

Findings

1. Division rule at 28 TAC §134.203(a)(5), titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, states “‘Medicare payment policies’ when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.” According to Trailblazers Surgical Manual “Outpatient visits during the postoperative period are allowed during a global fee period if the claim documentation demonstrates that the visit is for a diagnosis unrelated to the original surgery. Use modifier 24 in this situation.” “Office visits during the postoperative period are not covered unless they are submitted with modifier 24 to indicate they are unrelated to the surgery. Modifier 24 is primarily for use only by the surgeon. A different diagnosis code may be sufficient to show the procedure is unrelated to the surgery; however, it may not be required. Documentation submitted should fully explain how the E/M [Evaluation and Management] service is unrelated to the surgical procedure.” Therefore the Medicare policy on post-operative global fee periods applies.
2. The respondent states in the position summary that “No additional payments are due. Surgery was performed by Dr. Khalifa on 11/23/10 for Radio-frequency facet neurectomy with destruction of nerves in the cervical region. A charge was made for a visit on the same day as a surgical procedure, or within the 10 day follow up of a previously performed surgery.” The respondent submitted a medical bill dated November 23, 2010 that supports that requestor billed CPT codes 64626-50, 64627-50, 77003-26 and 72040-26. According to Medicare physician fee schedule, CPT code 64626 – “Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level” has a post-operative global fee period of 10 days. Documentation supports that CPT code 99214, was performed by the requestor on 12/2/2010. Therefore, the requestor performed an evaluation and management office visit within the 10-day global fee period.
3. A review of the medical documentation finds that the disputed date of service CPT code 99214 was billed for the same diagnoses codes (739.1-Nonalopathic lesions of the cervical region; and 715.0-Osteoarthritis, generalized) as the surgery performed on November 23, 2010. Additionally, no modifier was appended to the service in dispute. Therefore, the requestor failed to support that the service in dispute is unrelated to the surgery performed on November 23, 2010. For that reason, the office visit coded 99214 is not separately payable.
4. Based upon the medical documentation and bills submitted by both parties in this dispute, the Division finds that the disputed office visit is global to the November 23, 2010 surgery. Per 28 Texas Administrative Code §134.203(a)(5), reimbursement is not recommended for the office visit coded 99214.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	12/28/2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.